



TRANSCRIPT REQUEST FORM

Signed requests may be submitted in person,
emailed to bjohnson@msdwt.k12.in.us or mailed to:
J. Everett Light Career Center, Attention: Bookstore,
1901 East 86th Street, Indianapolis, IN 46240-2347

PERSONAL INFORMATION PLEASE PRINT LEGIBLY

FIRST AND LAST NAME	LAST 4-DIGITS OF SSN
CURRENT ADDRESS	DATE OF BIRTH
CITY/STATE/ZIP CODE	TELEPHONE NUMBER
PREVIOUS NAMES (if any, while attending JEL)	APPROXIMATE DATES OF ATTENDANCE

By signing below, I hereby authorize the release of my JEL LPN transcript:

SIGNATURE: _____ DATE: _____
(Student Signature is REQUIRED)

REQUEST DETAILS (Please allow at least 2 business days to process.)

☐ # of Copies _____ (\$10 fee per copy)

____ PICK UP @ JEL Bookstore

I would like to pick up my transcript(s) on: _____. (B.Johnson will verify date with you and send further details.)

____ BY MAIL

*Transcripts will not be mailed until fee is received.

Mail my transcript to the address(es) below:

ADDRESS #1 (if applicable):	ADDRESS #2 (if applicable):
ORGANIZATION OR NAME	ORGANIZATION OR NAME
ADDRESS LINE 1: (ATTN: TO A PARTICULAR PERSON)	ADDRESS LINE 1: (ATTN: TO A PARTICULAR PERSON)
ADDRESS LINE 2:	ADDRESS LINE 2:
CITY/STATE/ZIP CODE	CITY/STATE/ZIP CODE

OPTIONAL: Please contact me when my transcript is ready.

☐ Yes

☐ No

☐ via email: _____
(email address)

☐ via phone: _____
(best contact number)

To pay transcript fees, you may submit cash, check, or money order (written to J. Everett Light Career Center).
If paying in person, paying by credit card is an option.